

**DEPARTMENT OF PUBLIC SAFETY
DIVISION OF FIRE, EMERGENCY AND BUILDING SERVICES
OFFICE OF EDUCATION AND DATA MANAGEMENT**

APPLICATION FOR WRITTEN ACKNOWLEDGEMENT OF ACHIEVEMENT

PLEASE PRINT

STUDENT INFORMATION (to be completed by student)
NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ HOME PHONE: () _____ SS #: _____ SIGNATURE: _____
EMPLOYER INFORMATION (to be completed by employer)
EMPLOYER NAME: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ WORK PHONE: () _____ DATE OF HIRE AS TELECOMMUNICATOR: _____ SUPERVISOR'S NAME: _____ SUPERVISOR'S SIGNATURE: _____
Attach evidence of experience as a Public Safety Telecommunicator or evidence of the completion of specialized training in the area of Public Safety Telecommunications in accordance with CT General Statute 28-30-7 (see attached).

Return to:
Office of Education and Data Management
1111 Country Club Road
Middletown, CT 06457-2389

Questions? Call 860-685-8372

INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT